

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. William M Altman**

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1094198042349

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Steven Monaghan**

Mailing Address 222 East Witherspoon Drive  
#1203

City

Louisville

State

KY

Zip Code

40202-6318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2672.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1094200742349

Amount of Each Receipt this Period

320.00

P/R Deduction (\$160.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. John Miner**

Mailing Address 4730 Dunnie Drive

City

Tampa

State

FL

Zip Code

33614-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr CFO I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1094202142349

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

744.60